


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

3 **FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90243 034 \*\*\*\*50.00

<b>DOCUMENT # L02000031730</b> 1. Entity Name <b>DAVIS HERITAGE OF WEST GEORGIA, LLC</b>	
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Principal Place of Business <b>20725 SW 46TH AVENUE NEWBERRY, FL 32669 US</b>	Mailing Address <b>20725 SW 46TH AVENUE NEWBERRY, FL 32669 US</b>
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**DO NOT WRITE IN THIS SPACE**

01112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>47-0916361</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>STOCKMAN, JAMES J 20725 SW 46TH AVENUE NEWBERRY, FL 32669</b>
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**DO NOT WRITE  
IN THIS SPACE**

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

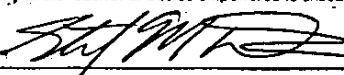
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM EARTHART, INC. 29725 SW 46TH AVE NEWBERRY, FL 32669</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **Stefan M. Davis** **April 21, 2005** **352-472-7773**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #